

COMMISSIONER OF INSURANCE

Ins 7 323

28-51	Medical Malpractice Reporting Forms Packet
28-52	Commercial Liability Insurance Reporting Form Packet
51-05	Original Complaint Form
51-06	Supplemental Complaint Form
51-11	Computer-generated Letter to Company
51-12	Computer-generated Acknowledgement to Consumer
51-13	Computer-generated Follow-up Letters to Company
51-15	Statutory Violation Forfeiture Letters

Note: The form numbers listed in this rule do not necessarily reflect the form number on the form. Preceding zeros have been added for automation of records in our office.

Note: These forms may be obtained from the Office of the Commissioner of Insurance, 123 West Washington Avenue, P.O. Box 7873, Madison, Wisconsin 53707-7873.

History: Cr. Register, July, 1959, No. 43, eff. 8-1-59; r. and recer. Register, October, 1987, No. 382, eff. 11-1-87; reprinted to include missing copy, Register, December, 1987, No. 384; am. Register, April, 1989, No. 400, eff. 5-1-89; emerg. am. eff. 1-1-90; am. (2), Register, August, 1990, No. 416, eff. 9-1-90.